

**Valdosta State University
Athletic Medical Examination-Sport Clubs**

Name: _____
Sport: _____

VSU ID# _____ - _____ - _____

List an past or present medical conditions that may affect performance: _____

List medications: _____

EXAM: **Height:** _____ **Weight:** _____ (%) **Pulse:** _____ **BP:** _____ / _____

Normal

Abnormal Findings

Dr. Initials

| | | | |
|----------------------|--|--|--|
| Medical | | | |
| Appearance | | | |
| Eye/Ears/Nose/Throat | | | |
| Neuro | | | |
| Heart | | | |
| Cardiac | | | |
| Lungs | | | |
| Abdomen | | | |
| Skin | | | |
| MUSCULOSKELETAL | | | |

Medical exam performed by:

CLEARANCE:

- Cleared - Based on my examination of this patient, I determine he/she can fully participate in intercollegiate athletics at VSU
- Cleared after completing rehabilitation for:
- Not cleared for: _____ Reason: _____
- Clearance decision deferred pending further work-up or obtaining records

COMMENTS and RECOMMENDATIONS:

Signature of physician

Name of physician/phone number

Date

I authorize the disclosure of this medical information to
the Valdosta State University Campus Recreation Department

Signature